



WESTERN ILLINOIS UNIVERSITY

OFFICE OF THE REGISTRAR
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Macomb, IL 61455-1390

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UNDERGRADUATE REENTRY FORM

To be used by applicants who have previously attended WIU
Please type or print legibly and complete both sides.

Social Security Number
(optional - required for federal tax and state reporting purposes)

Grid for Social Security Number

WIU Identification Number

Grid for WIU Identification Number

Returning for:

- Return dates: Fall, Spring, Summer

Returning as:

- Return types: Reentry, Visiting student

Location:

- Locations: Macomb Campus, Online, WIU-Quad Cities

Last attended Western Illinois University (term) (year)

Anticipated Major: Teacher education: Yes No

Public Act 102-0214 requires that the Board of Trustees of each public university in the state, upon a student declaring or changing their academic major or program of study, provide the student with an Occupational Outlook Report associated with that major

PERSONAL INFORMATION

Legal Name:

Last First Middle Former legal name, if any

Permanent address:

Phone:

Street Area Code

City State Zip County

Mailing address:

Phone:

Street Area Code

City State Zip

Cell Phone: Date of birth: MM/DD/YYYY

E-mail:

- Citizen status and visa information

In case of emergency, contact: Name

Daytime phone Evening Phone

Area Code Area Code

Address: Street City State Zip

Relationship: Parent Guardian Spouse Other

Table with columns for Class, Status and rows for ADST, ADPR, AHE, WHA, WHE, WHP, W-GPA, W-Terms-TR, Original Admission Type, Original Matriculation Date, No. Dism., No Hold, Hold, Date

YOU MUST COMPLETE BOTH SIDES OF THIS FORM

EDUCATIONAL HISTORY

Name ALL colleges attended (including Western)			Dates of attendance				Hours earned or to be earned from each school
Name (in order of attendance)	City	State	From		To		
			Mo.	Yr.	Mo.	Yr.	
1.							
2.							
3.							
4.							
5.							
6.							

Degrees earned (if any): _____ TOTAL

Name of institution where earned: _____ HOURS

Have you served or are you serving on active duty with the armed forces? Yes No

Dates of service: From _____ To _____

National Guard or Reserve duty? Yes No

ETHNIC ORIGIN

Your response to the following will assist our efforts to ensure race/ethnic compliance reporting with federal agencies. This information will not affect reentry.

1. Please indicate if you are Hispanic/Latino: Yes No

2. Please indicate your race. Select one or more, as appropriate.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

CRIMINAL RECORD DISCLOSURE

Western Illinois University is committed to maintaining a safe and positive environment for all members of the University community. Therefore, you are required to disclose information regarding your criminal or disciplinary background.

1. Yes No Have you ever been convicted of, or been placed on court supervision for, any criminal offense? (This does not include routine traffic offenses.)

2. Yes No Do you have any criminal charges pending against you?

3. Yes No Have you ever been dismissed, or withdrawn while charges were pending, from any educational institution (including, but not limited to, high school or college) for any offense involving violence or the threat of violence?

If you answered "yes" to any of the questions above, please submit via certified mail a description of the incident(s), including name, date of incident(s), location of incident(s), name of arresting agency(ies), as well as any additional relevant documentation. Additionally, please request the Circuit Clerk of the Court(s) in which the order of conviction(s) was entered to forward record(s) to: Western Illinois University, Sherman Hall Room 117, 1 University Circle, Macomb, IL 61455, attention to Campus Violence Prevention Enrollment Committee. These cases will be reviewed prior to a reentry decision being made. Such disclosures do not automatically disqualify an applicant.

STUDENT CERTIFICATION

This certification must be signed and dated by the applicant before action can be taken on this form.

CERTIFICATION

I understand that withholding information requested on this form or giving false information may make me ineligible for reentry to the University or subject to dismissal. I certify that the statements I have made on this form are correct and complete.

SIGNATURE: _____ DATE: _____